

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">09783158</div>	FILING DATE <div style="text-align: center;">02-14-01</div>	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.			
1	/						51		/					
2	/						52		/					
3	/						53		/					
4	/						54		/					
5	/						55		/					
6	/						56		/					
7	/						57		/					
8	/						58		/					
9	/						59		/					
10	/						60		/					
11	/						61		/					
12	/						62		/					
13	/						63		/					
14	/						64		/					
15	/						65	/						
16	/						66		/					
17	/						67		/					
18	/						68	/						
19	/						69	/						
20	/						70		/					
21	/						71		/					
22	/						72		/					
23	/						73		/					
24	/						74	/						
25	/						75		/					
26	/						76	/						
27	/						77		/					
28	/						78		/					
29	/						79	/						
30	/						80		/					
31	/						81		/					
32	/						82		/					
33	/						83		/					
34	/						84		/					
35	/						85	/						
36	/						86		/					
37	/						87		/					
38	/						88		/					
39	/						89	/						
40	/						90		/					
41	/						91		/					
42	/						92	/						
43	/						93							
44	/						94							
45	/						95							
46	/						96							
47	/						97							
48	/						98							
49	/						99							
50	/						100							
TOTAL IND.							TOTAL IND.	17						
TOTAL DEP.							TOTAL DEP.	75						
TOTAL CLAIMS							TOTAL CLAIMS	92						